MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-016025
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2170

FILED APR 29 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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DATE AMENDED
INSTEAD OF
SHOULD READ
ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Mary's Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Johnson
c. CITY OR TOWN: Mission
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5411 Cedar
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARY Middle Last FARRELL

4. DATE OF DEATH: Month April Day 9 Year 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5-30-1923

9. AGE (last birthday): 39

IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY: St. Mary's Hospital

11. BIRTHPLACE (City and state or country): Denver, Colorado

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Farrell

13b. MOTHER'S MAIDEN NAME: Eleanor B. Fanning

14. NAME OF HUSBAND OR WIFE: John F. Farrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of servi

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Mr. John F. Farrell 5411 Ceder

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CEREBRAL EDEMA, ACUTE — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ASTROCYTOMA of RIGHT PARIETAL LOBE — 2½ YRS
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from DEC 1960 to APR 9, 1963 and last saw her/him alive on APR 9, 1963
Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

MEDICAL CERTIFICATION

22a. SIGNATURE (Degree or title): James W. Fowler M.D.

22b. ADDRESS: 1103 GRAND AVE.

22c. DATE SIGNED: APR 10, 1963

BY AFFIDAVIT OF James W. Fowler

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 4-11-63

23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet

23d. LOCATION (City, town, or county) (State): Denver, Colorado

24. FUNERAL DIRECTOR ADDRESS: Mellody-McGilley-Eylar 20 W. Linwood

25. DATE RECD. BY LOCAL REG.: 4-10-63

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Dr. James N. Fowler
Prof. Bldg.
Ba 1-0630

Wed. 1:30 to 4:30

Call at 1:30 to make sure!

STATEMENT BY LICENSED EMBALMER

D-83

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Floyd A. Dieckmann

Licensed Embalmer No. 5120

P. O. Address K. C. 11, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.